

DATE SENT _____

☐ Initial
☐ Reevaluation
☐ Special Request of
 ARD/IEP Committee

HOUSTON INDEPENDENT SCHOOL DISTRICT
Notice of Full and Individual Evaluation and Test Description

Student: _____ ID#: _____ Birth Date: _____

School: _____

* We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. You will receive a form requesting your permission for the testing.

*We want to do a full evaluation of your child/you for the following reasons:

***Before recommending this evaluation, we considered the following alternatives:**

- ☐ Regular education ☐ Change in pace of instruction ☐ Change in method of instruction ☐ Change of materials
☐ Change in programming ☐ Other: _____

These options were rejected due to:

- ☐ Lack of progress ☐ Continued failure ☐ Discipline problems ☐ Other: _____

We want to evaluate your child/you in all the areas listed below. These tests will help us learn more about his/her/your educational needs.

****LANGUAGE (COMMUNICATIVE STATUS)**

If your child/you know(s) more than one language, these tests will help us find out which is the best language for his/her/your learning. They will also let us know which language to use for all other testing. We want to find out how well your child/you understand(s) what is said to him/her/you and how well your child/you can express thoughts. If your child/you have trouble speaking clearly, we may test him/her/you to find out what any speech problems may be. Examples of tests which may be used include, but are not limited to: Woodcock-Johnson Batteries (Oral Language), Goldman-Fristoe Test of Articulation and Auditory Discrimination, and Expressive One-Word Picture Vocabulary Test.

****PHYSICAL (MOTOR ABILITIES, HEALTH, VISION, HEARING)**

We want to know if any physical or health problems make it difficult for your child/you to do his/her/your school work. Assessments may include, but are not limited to vision and hearing screening, functional vision, audiological, and otological assessments, medical exams by a physician, and gross and fine motor inventories.

****EMOTIONAL/BEHAVIORAL**

We want to know how well your child/you get(s) along with others at school and at home. We will collect information from you and his/her/your teachers. We may also conduct behavioral observations, rating scales, and student interviews.

****SOCIOLOGICAL**

We want to get information about your child's/your home life and the kinds of experiences he/she/you have had in your family. School staff members may be calling to talk to you about this.

****INTELLECTUAL/ADAPTIVE BEHAVIOR**

We want to determine how well your child/you think(s), compared to others of the same age. We also want to find out how well your child/you take(s) care of himself/herself/yourself at home and at school. Tests may include, but are not limited to: the Wechsler Intelligence Scales, Kaufman Assessment Batteries, Stanford-Binet Intelligence Scale, and the Vineland Adaptive Behavior Scales.

****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**

We want to find out how your child is/you are doing in reading, math, written language, and other areas, including job-related skills, if appropriate. Tests may include, but are not limited to the : Woodcock-Johnson Batteries, Wechsler Achievement Tests, and Diagnostic Achievement Battery.

*Denotes required items

**Student must be assessed in all areas related to the suspected disability, including the requirements of 34CFR §300.304(c)(4), if appropriate.

Other factors relevant to this proposal to assess (if applicable):

*Your rights were explained to you at the time of the initial referral for special education evaluation. Federal regulations require that parents be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you. A copy of the ***Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities*** is attached to this form.

Date given: _____ To: _____

SIGNATURE OF INTERPRETER (if applicable)

DATE

If you have any questions, please call: _____

(telephone number): _____

These sources can provide additional information and/or can assist in understanding this
Notice of Full and Individual Evaluation.

Houston Independent School District Child Study Department
713.293.1000

Learning Disabilities Association of Texas
512.458.8234 or 1.800.604.7500

Advocacy, Inc.
713.974.7691

Special Kids, Inc.
713.643.9576

Partners Resource Network
1.800.866.4726

Attachment: ***Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities***

*Denotes required items

**Student must be assessed in all areas related to the suspected disability, including the requirements of 34CFR §300.304(c)(4), if appropriate.